FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1	366862
	OMB APPROVAL

OMB APPROVAL						
OMB Number: Expires:	3235-0076 April 30, 2008					
Estimated average burden hours per response						
SEC USE OF	NLY					
Prefix	Serial					
DATE RECEIVED						

	<u> </u>
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Note and Warrant Financing (and the Preferred Stock and Common Stock issuable upon con	nversion thereof)
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506	Section 4(6) ULOB
Type of Filing: ☐ New Filing ☐ Amendment	SECHMRECEIVED
A. BASIC IDENTIFICATION DATA	\\ JU \ \
1. Enter the information requested about the issuer.	(4) / ク200~ で
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Phonetic Search, Inc.	[0]
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code
620 Allendale Road, Suite 100-A, King of Prussia, PA 19406	484-685-4600
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Same as above.	
Brief Description of Business	
Online advertising technology.	
Type of Business Organization	07072104
□ corporation □ limited partnership, already formed □ other	(please specify):
business trust limited partnership, to be formed	PROCESSED
Actual or Estimated Date of Incorporation or Organization: Month Year 0 6 0 5	Actual Estimated JUL 19 2007 Q
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for	State:
CN for Canada; FN for other foreign jurisdiction)	P A THOMSON
GENERAL INSTRUCTIONS	FINANCIAL
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation 77d(6).	<u>D</u> or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offer and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address give	ing. A notice is deemed filed with the U.S. Securities on below or, if received at that address after the date on

which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

	A. BASIC IDENTIFICATION DATA						
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first,	•						
Guggenheim Opportunitie							
Business or Residence Addr	•	reet, City, State, Zip Code)					
135 East 57th Street, New Y		·					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first,	if individual)						
McGowan, Al							
Business or Residence Adda	•			•			
c/o 620 Allendale Road, Su		Prussia, PA 1940					
Check Box(es) that Apply:	Promoter .	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner		
Full Name (Last name first,	if individual)						
Croce, Pasquale							
Business or Residence Adda	ess (Number and St	reet, City, State, Zip Code)					
c/o 620 Allendale Road, Su	ite 100-A, King of	Prussia, PA 19406					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner		
Full Name (Last name first, Creamer, David	if individual)						
Business or Residence Adda	ress (Number and St	reet, City, State, Zip Code)					
c/o 620 Allendale Road, Su	•						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner		
Full Name (Last name first, Hayward, Ken	if individual)						
Business or Residence Addi	ress (Number and St	reet, City, State, Zip Code)					
c/o 620 Allendale Road, St	•						
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner		
Full Name (Last name first, O'Kane, Kevin	if individual)		-				
Business or Residence Addi	ress (Number and St	reet, City, State, Zin Code)					
c/o 620 Allendale Road, Si		= = = = = = = = = = = = = = = = = = = =					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner		
Full Name (Last name first,	if individual)				<u> </u>		
Luehrs, Bruce							
	Business or Residence Address (Number and Street, City, State, Zip Code)						
620 Allendale Road Suite	,				•		

		A. BASIC IDENTIF	TICATION DATA				
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 							
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner		
Full Name (Last name first, if Conners, William	individual)			<u></u>			
Business or Residence Address c/o 620 Allendale Road, Suite	,						
	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner		
Full Name (Last name first, if Schaafsma, Gerry	individual)				·		
Business or Residence Address c/o 620 Allendale Road, Suite	•						
	Promoter	Beneficial Owner		Director	General and/or Managing Partner		
Full Name (Last name first, if McKusker, James	indiviđual)						
Business or Residence Address c/o 620 Allendale Road, Suite	-						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner		
Full Name (Last name first, if Burns, Michael	individual)						
Business or Residence Address c/o 620 Allendale Road, Suite	•						
	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if	individual)						
Business or Residence Address	s (Number and Stre	eet, City, State, Zip Code)		•			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if	individual)						
Business or Residence Address	s (Number and Stre	eet, City, State, Zip Code)					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if	individual)		<u>.</u>				
Business or Residence Address	s (Number and Stre	eet, City, State, Zip Code)			,		

				B. I	NFORMA:	TION ABO	UT OFFE	RING				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.										Yes	No ⊠	
2. What is the minimum investment that will be accepted from any individual?										******	\$	n/a
				-							Yes	No
3. Does the	he offering	permit joint	ownership	of a single	unit?						\boxtimes	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.										-	····	
Full Name (Last name:	first, if indiv	vidual)							·		
Business or	Residence	Address (N	umber and S	Street, City	, State, Zip	Code)						
Name of As	sociated Br	oker or Dea	ler									
States in W	hich Person	Listed Has	Solicited or	r Intends to	Solicit Pur	chasers						
(Check "	All States"	or check ind	lividuals St	ates)		***************************************		**************		***************************************	🗆 A	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (Last name	first, if indiv	/idual)							·		
Business or	Residence	Address (Ni	umber and S	Street, City	, State, Zip	Code)						
Name of As	sociated Br	oker or Dea	ler								•	
States in W	hich Person	Listed Has	Solicited or	r Intends to	Solicit Pur	chasers						
(Check "	All States"	or check ind	lividuals St	ates)		•			·		🗀 A	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (Last name	first, if indiv	vidual)				.					
Business or	Residence .	Address (Ni	umber and S	Street, City	, State, Zip	Code)						
Name of As	sociated Br	oker or Dea	ler									
States in W	hich Person	Listed Has	Solicited or	r Intends to	Solicit Pur	chasers						
(Check "All States" or check individuals States)									🗖 A	Il States		
. [AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[[N]]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[HN]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Total

15,000.00

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	OCE	EDS	,	:	•	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 a total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted groproceeds to the issuer."	SS			s _	1,012,14	0.00
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for ear of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the beto the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	οx					
			Payment Officer				
			Directors Affiliat	, &		Payments t Others	to
	Salaries and fees		\$	0.00		s	0.00
	Purchase of real estate		\$	0.00		s	0.00
	Purchase, rental or leasing and installation of machinery and equipment		\$	0.00		\$	0.00
	Construction or leasing of plant buildings and facilities		\$	0.00		\$	0.00
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$	0.00		S	0.00
	Repayment of indebtedness		\$	0.00		s .	0.00
	Working capital		\$	0.00	\boxtimes	\$ 1,012,1	40.00
	Other (specify):		\$	0.00	_		0.00
Col	lumn Totals		\$	0.00		\$ 1,012,1	40.00

Total Payments Listed (column totals added).....

△ \$ 1,012,140.00

	EDER			

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

'		
Issuer (Print or Type)	Signature	Date
Phonetic Search, Inc.	Ac. M	
Name of Signer (Print or Type)	Title or Signer (Print or Type)	
Ken Hayward	Chief Executive Officer	

END

. Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18. U.S.C. 1001.)